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Krista M Graves, Licensed Acupuncturist
HI ACU-652
808 927-5767
olaacupuncture.com

Welcome to Ola Acupuncture, Art & Design

Please note that all information is confidential

Name:_____

Date of birth:_____Age:_____

Place of birth (city & state):_____Time of birth:_____

Address:_____

Phone:_____Email:_____

Occupation:_____Do you enjoy your work? ☐ Yes ☐ No

Emergency contact:_____Phone:_____

How did you hear about us? _____

Have you ever received acupuncture before? ☐ Yes ☐ No

Reason for today's visit:

Primary reason for your visit today?_____

_____

What treatments have you had for the condition?_____

Please list any other current health concerns:

1._____3._____

2._____4._____

If you are taking medications, please list them and which of their side effects you experience:
(See drugs.com for lists of side effects)

_____

_____

_____

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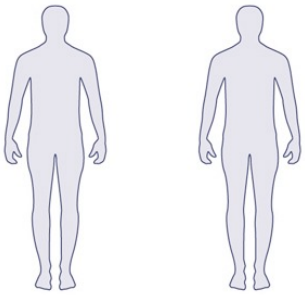
Please mark any areas of pain on the diagram:



Notes:_____

_____

_____

_____

Your medical history:

Hospitalizations, Surgeries, Major Illnesses and Accidents (please include dates):_____

_____

_____

Lifestyle:

On a scale of 1 to 10, how happy are you with your nutrition? (1 worst/10 best) 1 2 3 4 5 6 7 8 9 10

Favorite foods:_____

Do you exercise? ☐ Yes ☐ No Number of times per week: _____

Types of exercise:_____

Do you sleep well? ☐ Yes ☐ No Do you feel rested in the morning? ☐ Yes ☐ No

Favorite ways to spend your time: _____

Please read & sign below:

I agree to authorize the practitioners of Ola Acupuncture to provide care. I understand that care provided may include a multi-specialty approach - acupuncture, acupressure, moxibustion, cupping, gua sha, heat, exercise, herbal, and dietary therapies.

Fee schedule: $140 acupuncture & comprehensive eval (75 min -new patient session); $120 acupuncture (55 min -established patient session); $65 pediatric acupuncture session (40 min -ages 5-13)

I understand that there is a 24 hour notice required for all cancelled appointments & that missed visits will be billed in full if 24 hour's notice is not given. Thank you!

Patient signature:_____Date:_____